22/275

ATE OF SOUTH CAROLINA )		BEFORE THE
(Caption of Case)	PUBLI	C SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	) C	F SOUTH CAROLINA
PLICATION FOR CLASS C	TRANS	PORTATION COVER SHEET
où-emercenticenti	DOCKET NUMBER:	2010 - 342 - T
on death witter Transportation (b)		
) 	have a Docket Num	me filing an application with the PSC, you will not be. The Commission will assign one to you. If you commission before, a Docket Number was assigned above.
(Please type or print) Submitted by: Kophiles Jones	Telephone:	(170) 694-6442
Address: 1370 HIROM DOUGLASTICLE HALT	Fax:	(770)694-6451
HIGH 64 30141	Other:	(404) 507-6551
North of	Email:	Estimbologicas conc
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service ( be filled out completely.	s nor supplements the	filing and service of pleadings or other papers
NATURE OF ACTION	(Check all that app	aly)
Application - Class A/A Restricted	Rec	quest for Name Change on Certificate
Application - Class C Taxi	Rec	uest to Amend Scope of Authority
Application - Class C Charter	Rec	uest to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Req	uest to Amend Passenger Limit
Application - Class C Non-Emergency	Rec	uest
Application - Class C Stretcher Van	Ext	ibit
Application - Class E Household Goods	Late	e-Filed Exhibit  er  OCT 0 6 2010  lisher's Affidavit FOK'S SC
Application - Class E Hazardous Waste	Lett	er OCT
Application	Pro	posed Order 2010
Request for Extension to Comply with Order	Pub	lisher's Affidavit FRK'S OFFICE
Request for Order Granting Authority to Obtain a Certificate	Res	ervation Letter
of Public Convenience and Necessity to be Rescinded	Res	ponse
Request for Cancellation of Certificate	Reti	ırn to Petition
Request for Suspension	Oth	er:
Request for Reinstatement		
If you have any questions should be formally		

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date:	19/6/2010
Application is hereby made for a Certificate of Public Conver of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendment	nience and Nece nts thereto.	essity, in accordance with the provision
1. Name under which business is to be conducted (corporation, particle) The 1370 HILAN Reveal Ties Hun	<u>12052011</u>	ATION, LLC.
Mailing Address of Applicant if of the Company of Arish of the Company of the Compan	(170) 65 -0m Iress	Fax
2. If incorporated, a copy of Articles of Incorporation must be Secretary of State "Foreign Corporation" Certificate.)	attached. (If inc	corporated outside of SC, attach SC
3. Select Entity Type: (Check one)  Individual Owner/Sole Proprietorship  Partnership - List names and address of all person having Corporation - List names and addresses of two principals - BBITISPINA DAILY MOSES - 410 DOWNILL	l officers.	DALLAS COH. 30157
1 of 9		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **BALANCE SHEET**

Balance	at Time Applica	tion is	Filed:
Month			7010

Assets:

Assets:	
Cash	\$ 2200
Receivables	PP1718
Real Estate	P
Buildings and Equipment (Net)	Ø.
Motor Vehicles (Net)	\$10000
Garage Equipment (Net)	\$3000
Machinery and Tools (Net)	21200
Supplies on Hand	82000
Prepaids and Other Assets	\$
Total Assets	\$ 38499
Liabilities and Equity:	
Accounts Payable	\$ 3:00
Notes Payable	\$ 3~95 7805
Mortgages Payable	- 4231
Equipment Obligations	
Accrued Salaries and Wages	\$ 4500
Other Accrued Obligations	10-6
Other Liabilities	\$ 2000
Total Liabilities	213285
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

# PROPOSED RATES AND CHARGES FOR SERVICE

ximum Proposed Rates and Charges for Service are as follows:	$\neg$
\$ (Q JOLLAR) A MILE	

Counties to be Served:	
CHEENUTUR, OCONER, PICKENS, LAURENS	

Maximum Number of Passengers per Vehicle:

# DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY *
FORD	2007 E-350	1FBNE31417DA53850	giocolis.	3
tow	1998 E-350	1FBSS31L7WHB39408		2 (HC)
1				

<sup>\*</sup> Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

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#### INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:		
Global United Tran	Name of Motor Carrier	<u>C</u>
1376 Hir Am Douglas	Ville Huy 11:40 Address of Motor Carrier	m GA 30141
Amount of Premium:		
Liability Insurance S 19, 880  The above quoted premium is for a term of	. 13	
Minimum Limits - Bodily injury and protein than the following:	• •	
Liability Combined Each Occurance	\$ 1,000,000	Limits Quoted
Medical Payments per Person	\$ 1,000	
Empire Fire And M PO Box 440546 Kenny	Name of Insurance Company  Signa GA 30160  The Office Address of Company	`}
I am familiar with the Commission's Rules a meets the minimum insurance limits prescrib South Carolina Department of Insurance to d	and Regulations relating to insurance	requirements and the above quote g this quote is authorized by the
10-5-10 Date	Authorized Insurance Company R	epresentative's Signature
NOTICE: If you wish to self-insure your motor vehicles Ann. Sections 56-9-60 and 58-23-910, For move Vehicles at (803) 896-8457	s for liability and property damage, y ore information, contact Vickie Coke	ou must comply with S.C. Code or with the Department of Motor

N lf Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

#### Exhibit FWA

COLOBA	- DOITE	9 Thans	PORTATION LI	. c
		Name		
U.S.D	.O.T No.		ICC No.	
<ol> <li>Is there currently any of Yes</li> <li>Yes, indicate nature</li> </ol>	utstanding judgments ag  No  No  of judgement(s) against			
2. Is Applicant familiar wit carrier operations in Sou statytes and regulations?	in South Carolina, and c	tions, including safet loes Applicant agree	y regulations and governing for to operate in compliance with	r-hire motor these
⊗ Yes	O No			
Is Applicant aware of the therewith?	c Commission's insuranc	ce requirements and the	he insurance premium costs as	sociated
Yes	O No			

#### **Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

(V) Yes

O No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

♂ Yes

O No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

Yes

O No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

Yes

○ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

Yes

) No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

yes

O No

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Applicant's Signature

I, Name of Applicant's Representative

PRESIDENT Tille

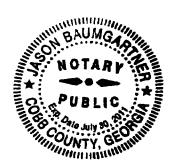
of COLOBAL UNITED THANGORTATION, LLC
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Signature of Applicant's Representative

Jam Burny

Commission Expires July 30, 2011



Control No. 0646967

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

# CERTIFICATE OF ORGANIZATION

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

### GLOBAL UNITED TRANSPORTATION, LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 06/19/2006 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on June 19, 2006



Cathy Cox Secretary of State